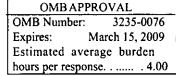
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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M/ E] 37000 (check if this is an amendment and name has changed, and indicate change.) Name of Offering Issuance of Shares of PM Manager Fund, SPC - Segregated Portfolio 9 ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) Filing Under (Check box(es) that apply): ଶ୍ୱାନ୍ତ Type of Filing: ☐ New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) THOMSON REUTERS PM Manager Fund, SPC - Segregated Portfolio 9 Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) c/o Walkers SPV Limited, PO Box 908 GT, George Town, Grand Cayman, Cayman Islands (345) 814-4684 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Brief Description of Business** Private Investment Company A segregated portfolio of PM Manager Fund, Type of Business Organization other (please specify): SPC, a company corporation limited partnership, already formed business trust limited partnership, to be formed incorporated with limited liability and registered as a Segregated Portfolio Company. Month Year Actual or Estimated Date of Incorporation or Organization: 0 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) FN GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549. Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

filing of a federal notice.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

4.4	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for	or the following:			
Each promoter of the issuer,	, if the issuer has been organized w	within the past five years;		
Each beneficial owner having	g the power to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive officer and d	director of corporate issuers and of	f corporate general and man	naging partners of p	partnership issuers; and
	partner of partnership issuers.	•		
	p			
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individu	uai)			
Wilson-Clarke, Michelle M.				
Business or Residence Address (Nur	mber and Street, City, State, Zip C	(ode)		
Walkers SPV Limited, P.O. Box 908G	T, George Town, Grand Cayman	i, Cayman Islands		
Check Box(es) that Apply: Pro	omoter	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individu	ual)			
Hughes, Von M.		<u>.</u>		
Business or Residence Address (Nur	mber and Street, City, State, Zip C	Code)		
c/o Pacific Alternative Asset Manager	ment, LLC, 109540 Jamboree Ro	ad, Suite 400, Irvine, CA 9	2612	
Check Box(es) that Apply: Pro	omoter Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individu	ual)			
Williams, Kevin				
	mber and Street, City, State, Zip C	Code)		
c/o Pacific Alternative Asset Manager	ment II.C. 109540 Jamhorea Ro	ad Suite 400 Invine CA 9	2612	
	omoter Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual	ual)	<u></u> .	··· -	
Navarad Canada Fund 11.6	,			
Newport Sequola Fund, LLC Business or Residence Address (Nur	mber and Street, City, State, Zip C	Code)		
c/o Pacific Alternative Asset Manager			2612	
	romoter Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individ-	ual)			
Pacific Atlantic Master Fund , LP	•			
Business or Residence Address (Nur		Code)		
c/o Pacific Alternative Asset Manager	ment LLC 109540 Jamboree Ro	ad Suite 400 Irvine CA 9	2612	
	romoter Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individ	ual)			
	1 10 2	~		
Business or Residence Address (Nu	mber and Street, City, State, Zip C	Code)		
Check Box(es) that Apply: Pr	romoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ	lual)			
Business or Residence Address (N	Number and Street, City, State, Zi	ip Code)		
	Use blank sheet, or copy and use	e additional copies of this	sheet, as necessa	ry)

	•				B. II	NFORMAT	ION ABOU	T OFFER	ING					
1	Llon the	المعاممة عماء		a ionnas i	stand to as		aaraditad i	nuastara in	thin offeri			Yes	No	
1.	rias ine	issuer soit	i, or does th			n, to non-a Appendix				_	*****************		Ø	
2.	What is	the minim	um investπ					ual?				<u>\$</u> 1,000,000 *		
									ay be w			Yes	No	
3.		_	permit joins tion request		_							_		
4.	commis If a pers or states	ssion or sim son to be lis s, list the na	illar request illar remune ited is an ass ame of the b , you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne cer or deale e (5) persoi	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	!		
Ful	ll Name (Last name	first, if indi	ividual)										
Bu	siness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	Lip Code)			· · · · · · · · ·				
Na	me of As	sociated Bi	roker or De	aler								<u> </u>	"- "	
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	• •		<u></u>				
	(Check	"All States	s" or check	individual	States)				******************		***************************************	☐ Aì	1 States	
	AL IL MT RI	AK IN NE SC	AZ IA NY SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR	
Ful	II Name (Last name	first. if indi	ividual)										
Bu	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)					•		
Na	me of As	sociated Br	roker or De	aler										
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			, , , .		 .		
	(Check	"All States	s" or check	individual	States)	***************************************	***************************************	**************	•••••			□ A1	l States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL. ML OH WV	GA MN OK WI	HI MS OR WY	MO PA PR	
Ful	ll Name (Last name	first, if indi	ividual)										
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)							
Na	me of As	sociated Bi	roker or De	aler					 -					
Sta	ites in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					<u>.</u>		
	(Check	"All States	s" or check	individual	States)				• • • • • • • • • • • • • • • • • • • •		••••••	☐ AI	l States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM LIT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HL MS OR WY	ID MO PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price	Amo	unt Already Sold
		-		5014
	Debt		}	
	Equity	\$:	-	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify Shares)	\$500,000,000	<u>9</u>	7,250,000
	Total	\$500,000,000	<u>9</u>	7,250,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Dol	Aggregate llar Amount Purchases
٠	Accredited Investors	19	\$ <u>9</u>	7,250,000
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of	Do	llar Amount
	Type of Offering	Security N/A		Sold N/A
	Rule 505	N/A	\$	N/A
	Regulation A		\$	N/A
	Rule 504		\$	
	Total	N/A	\$	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$ _	
	Legal Fees		<u>\$_2</u> 9	9,088
	Accounting Fees		s	
	Engineering Fees	_	\$	
	Sales Commissions (specify finders' fees separately)		<u> </u>	
	Other Expenses (identify)	_	s	
			·	
	Total		<u>\$_2</u>	9,088

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	F PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gros		\$ <u>499,907,91</u> 2
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		S	\$
	Purchase, rental or leasing and installation of ma		-	П¢
	and equipment		_	
	Construction or leasing of plant buildings and fac		∐3	. 🖺 🦫
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	sets or securities of another		
	issuer pursuant to a merger)		_	
	Repayment of indebtedness			_
	Working capital			
	Other (specify):			- S
			s	[汉\$
	Column Totals			[]\$ <u>499.907.9</u>
	Total Payments Listed (column totals added)			99,907,912
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-account of the control of th	rnish to the U.S. Securities and Exchange Comm	ission, upon writte	
	er (Print or Type) PM Manager Fund, - Segregated Portfolio 9	Signature	Date March 13,	2009
	ne of Signer (Print or Type) n M. Hughes	Title of Signer (Print or Type) Director		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 provisions of such rule?		
	Se	e Appendix, Column 5, for state res	ponse.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi		any state in which this notice is filed a notice on For
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators	, upon written request, information furnished by th
4.		state in which this notice is filed and	s that must be satisfied to be entitled to the Unifor understands that the issuer claiming the availabili n satisfied.
	uer has read this notification and knows the con thorized person.	stents to be true and has duly caused th	ais notice to be signed on its behalf by the undersigne
	Print or Type) PM Manager Fund, Segregated Portfolio 9	Signature .	Date March 13, 2009
•	Print or Type) . Hughes	Title (Prime or Type) Director	

Instruction:

Von M. Hughes

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				·
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State			Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							-		
AK									
AZ									
AR						•			
CA		х	\$500,000,000	17 \$	91,150,00	0 0	0		х
СО									
СТ						_			
DE									_
DC									
FL			-				_		
GA									
HI		,							
ID									
ΙL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD							-		
MA									
MI									
MN									-
MS									

				APP	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY		Х	\$500,000,000	2 \$	6,100,000	0	0		X
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									

				APP	ENDIX			,					
1	-	2	3			4							
	to non-a	to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State					nt purchased in State waiver		te ULOE attach ation of granted)
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY				,									
PR													

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